

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL/NO.

10/594229

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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17						
18			1			
19				1		
20				1		
21				2		
22				1		
23				2		
24				2		
25				1		
26				2		
27				2		
28				4		
29				1		
30				2		
31				1		
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49						
50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	25	←		←
TOTAL CLAIMS			26			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						